

Long-Term Thoracic Endovascular Repair Follow-up from 1999 —2019: A Single- Center Experience



70TH ESCVS CONGRESS & 7TH IMAD MEETING

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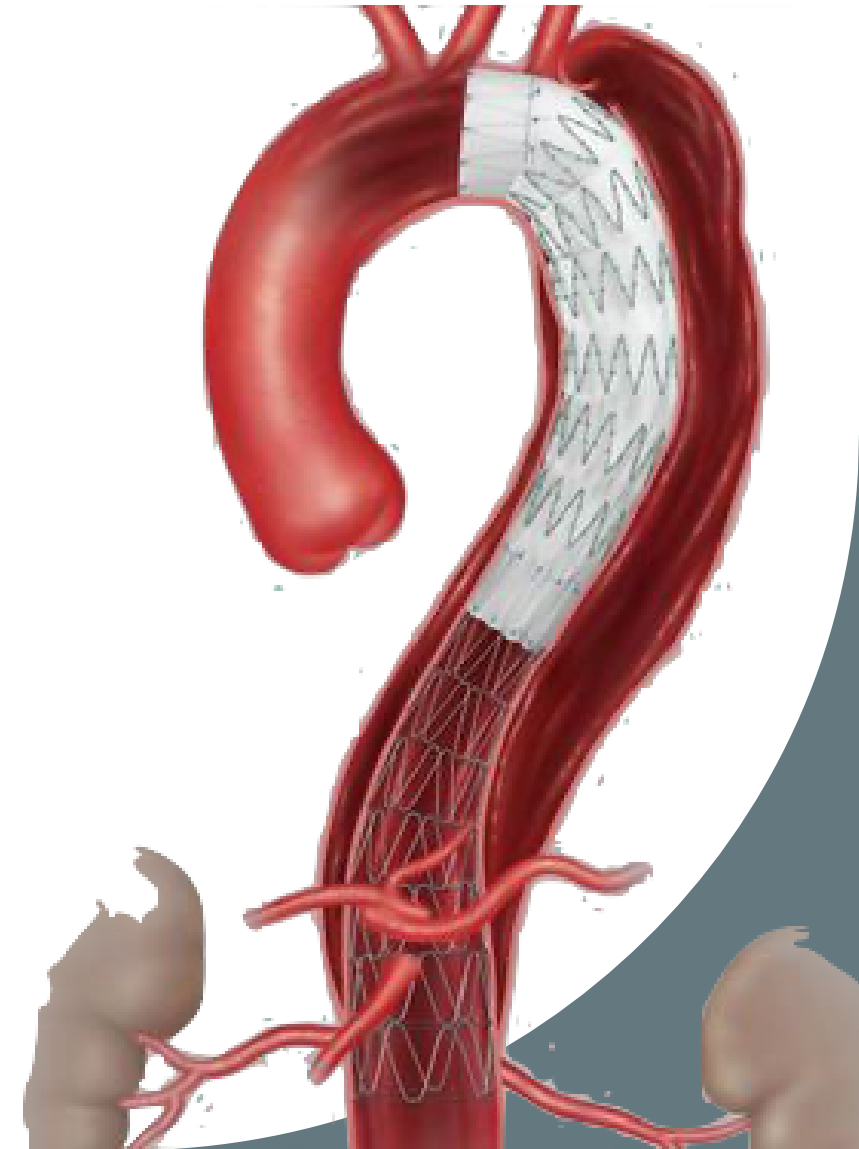
On behalf of: Jes S. Lindholt, Francois Baudier, Cengiz Akgül



Why look into this?

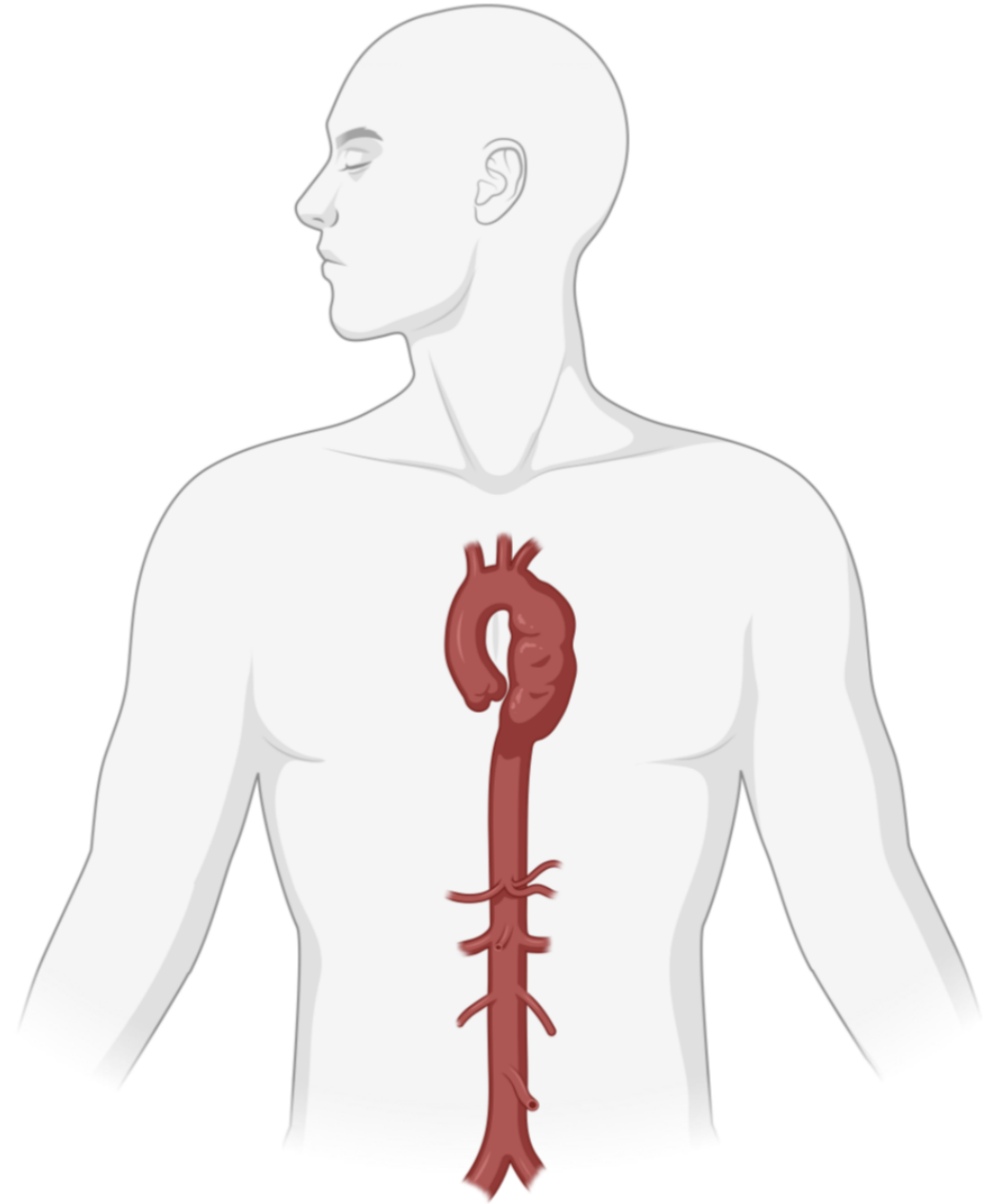
Study period from 1999 - 2019

- Consecutive inclusion of all patients at Odense University Hospital undergoing TEVAR
- Medical record review at end of study
- 256 patients included in total
 - 104 Acute Aortic Syndrome
 - 114 Chronic aortic disease
 - 38 Traumatic cases



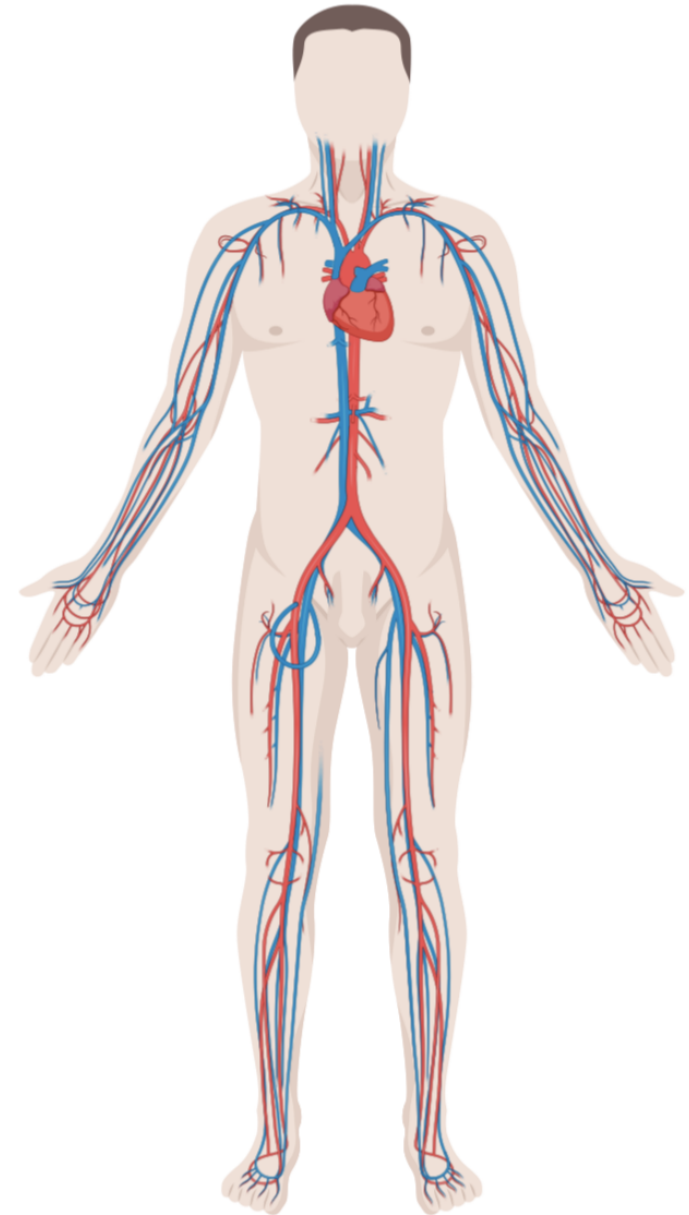
Indications for TEVAR

- Thoracic aneurysm 114 cases (44.5%)
- Dissection type A in 2 (0.8%)
- Dissection type B in 86 (33.6%)
- PAU in 14 (5.5%), IMH in 2 (1.2%)
- Traumatic rupture in 38 (14.8%) cases



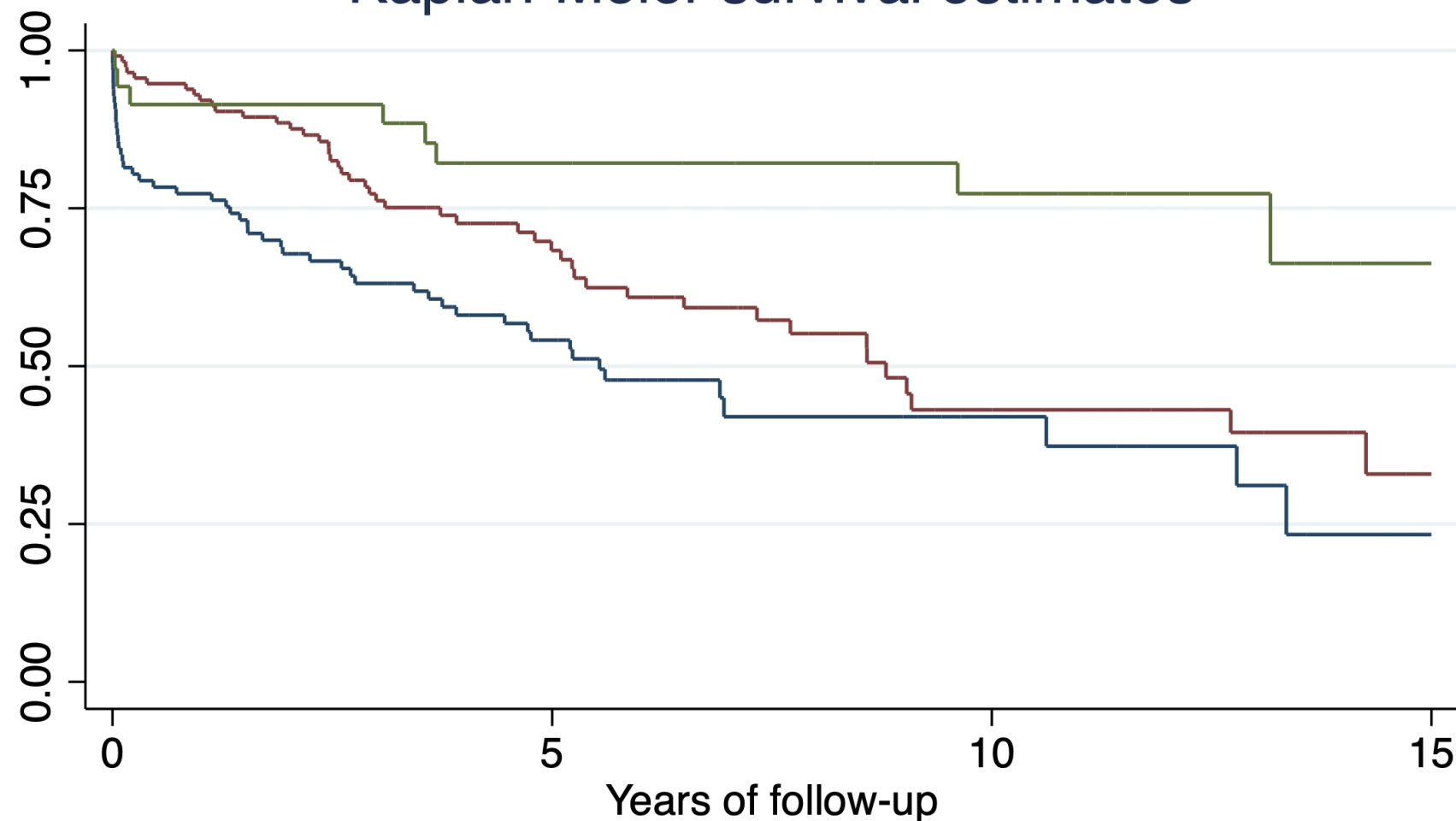
Patient Characteristics selected

- Mean age at intervention was 66.2 ± 14.5 years
- Mean follow-up for all patients was 5.1 ± 4.3 years
- Technical success was seen in 94.1% **of cases**
- 163 (63.7%) were men
- 139 (54.3%) were active smokers
- 169 (66.0%) had hypertension
- 95 (37.1%) had hypercholesterolaemia
- Covering of LSA in 74 (28.9%)
- Previous left carotid-subclavian bypass 29 (11.3%)



- Overall, 30-day mortality was 11.3% (29/256)
- With traumatic cases as reference - adjusted for age and sex HR was 0.89 (95% CI; 0.39–2.1, $P = 0.8$) for chronic conditions and 1.4 (95% CI; 0.6–3.2, $P = 0.42$) for AAS
- Five of 38 patients (13.2%) treated for traumatic rupture died within 30 days
- Twelve (4.7%) patients died within 24 hr of treatment

Kaplan-Meier survival estimates



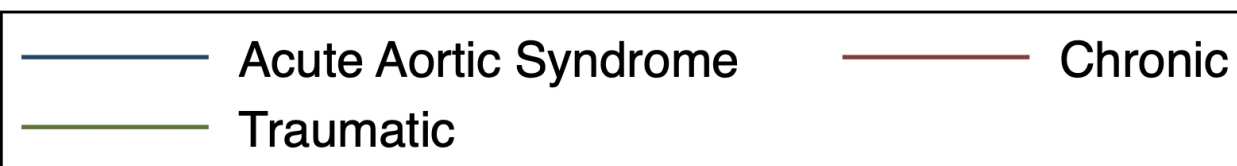
Number at risk
 Acute Aortic Syndrome
 Chronic
 Traumatic

97
114
35

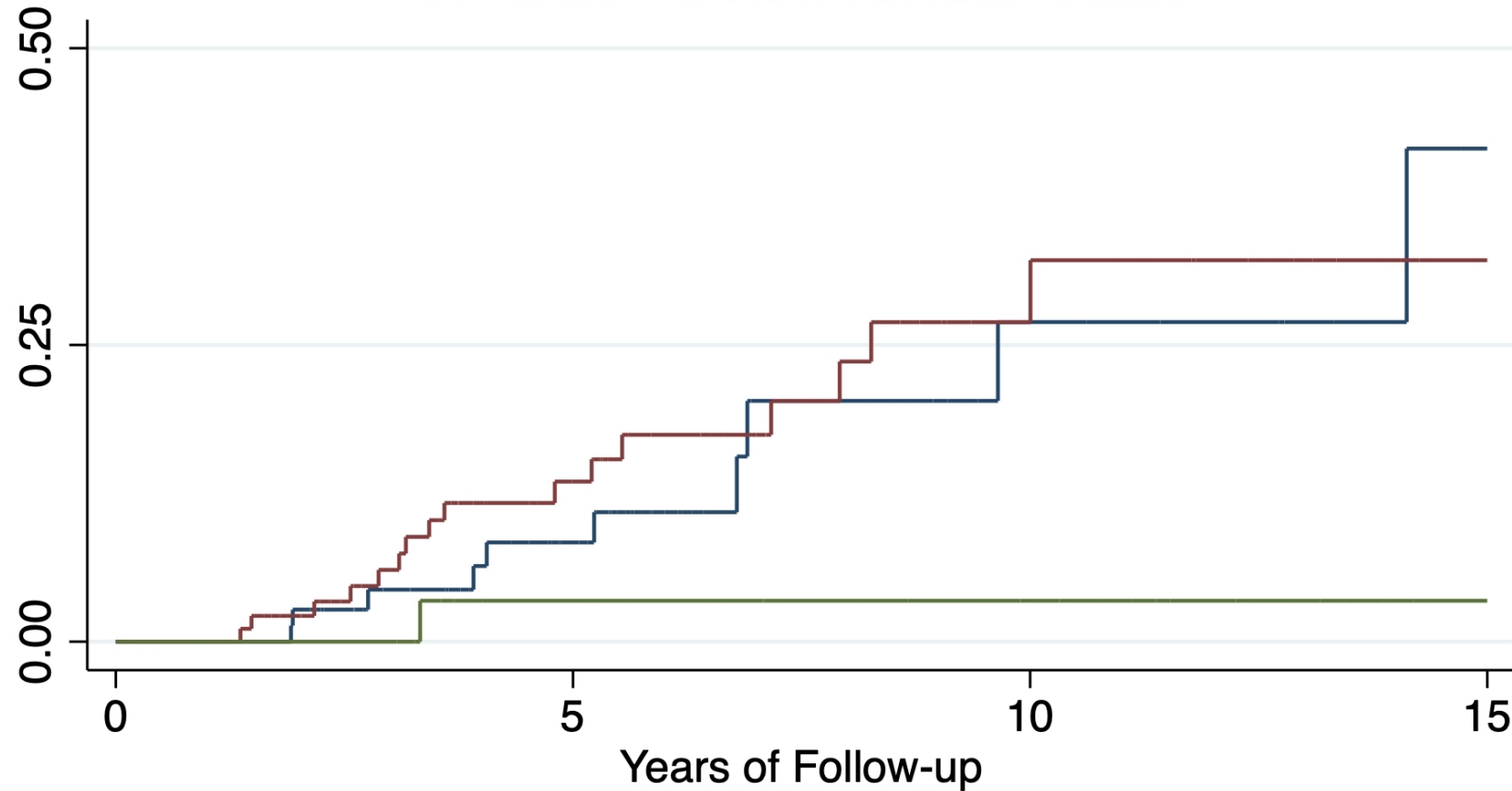
39
47
23

9
16
14

2
3
2



TEVAR Reintervention Rate



- Using traumatic cases as reference, the risk for reintervention was:
- 2.9 times higher for aneurysmal cases (HR = 2.89, 95% CI; 0.33–25.2, $P = 0.34$)
- 2.8 times higher for dissections (HR = 2.78, 95% CI; 0.32–24.0, $P = 0.35$)

Number at risk

Dissection	96	39	11	3
Aneurysms	115	47	14	2
Traumatic	35	23	14	2

— Dissections — Aneurysms
— Traumatic

Thank you for your attention